INSTRUCTIONS: This of appropriate. All further of indicated unless corrected maintenance fee notification CURRENT CORRESPONDEN 23579 PATREA L. PAI PABST PATENT 400 COLONY SQ SUITE 1200 ATLANTA, GA 3 11/22/2004 NNGUYEN2 0	CE ADDRESS (Note: Use Block 1 fo 590 08/19/2004 BST GROUP LLP UARE 0361	nsmitting the ISSI Patent, advance of e in Block I, by (a	or <u>Fax</u>	Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000 CATION FEE (if requos f maintenance fees or espondence address Note: A certificate of Fee(s) Transmittal. Ti papers. Each addition have its own certificate. Cel hereby certify that if	ginia 22313-1450 uired). Blocks I through 5 will be mailed to the currer s; and/or (b) indicating a se f mailing can only be used his certificate cannot be used al paper, such as an assigna te of mailing or transmission rtificate of Mailing or Tran his Fee(s) Transmittal is bei with sufficient postage for fil Stop ISSUE FEE addres 2TO (703) 746-4000, on the	ismission and the United irst class mail in an envelope s above, or being facsimile date indicated below.	
APPLICATION NO.	FILING DATE	I	FIRST NAMED INVEN	TOR			
09/714,469	11/16/2000	<u> </u>	JAWED AŚRAR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: P	OLYMER BLENDS CONT.	VINING BOĽAĤĀ			11899.0189.DVUS00 HONS WITH GOOD RETE	5618 NTION OF ELONGATION	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	<u> </u>	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		SO	\$1330	11/19/2004	
EXAM	INER	ART UNI	T CL	ASS-SUBCLASS			
YOON,	TAE H	1714		524-404000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Metabolix, Inc. Cambridge, Massachusetts							
Please check the appropriate	assignee category or categor	ics (will not be prin	ited on the natent):	individual Fcc	amounting on all and a		
4a. The following fec(s) are each lassue Fee Publication Fee (No sm Advance Order - # of C	inclosed: all entity discount permitted opics from status indicated above)	4b. () ()	Payment of Fee(s): A check in the amount by credit c	unt of the fee(s) is encl ard. Form PTO-2038			
a. Applicant claims SM	ALL ENTITY status. See 37		b. Applicant is not c	laiming SMALL ENT	ITY status. See, e.g., 37 CFR	1.27(g)(2),	
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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

(\$) 685.00 TOTAL AMOUNT OF PAYMENT

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Co	omplete if Known
Application Number	09/714,469
Filing Date	November 16, 2000
First Named Inventor	Jawed Asrar
Examiner Name	Tae Yoon
Art Unit	1714
Attorney Docket No.	MOBT 189 DIV

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Order D	Large Entity Small Entity				
✓ Deposit Account:	Fee Fee Fee Fee Fee Description Fee Fee Fee Fee Fee Description	e Paid_			
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Deposit Account Pabst Patent Group LLP	cover sheet	$\neg \neg$			
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification				
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filling a request for ex parte reexamination				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after				
to the above-identified deposit account.	Examiner action ——				
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month 1252 430 2252 215 Extension for reply within second month				
1. BASIC FILING FEE	1202 100 2202 210				
Large Entity Small Entity					
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)					
1001 790 2001 395 Utility filing fee					
1002 350 2002 175 Design filing fee	1401 340 2401 170 Notice of Appeal				
1003 550 2003 275 Plant filing fee	1402 340 2402 170 Filing a brief in support of an appeal				
1004 790 2004 395 Reissue filing fee	1403 300 2403 150 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$)	1452 110 2452 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional	685.00			
Fee from	1501 1,370 2501 063 Office (6) 16/33067				
Extra Claims below Fee Paid Total Claims -20 = X = =	1502 450 2502 245 Design issue fee				
Independent 3** = X	1460 130 1460 130 Petitions to the Commissioner				
Claims Multiple Dependent	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity	1806 180 1806 180 Submission of Information Disclosure Stmt				
Fee Fee Fee Fee Description	A Recording each patent assignment per				
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	property (times number of properties)				
1202 10 2202 of 2	1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))				
1201 88 2201 44 Independent claims in excess of 3	1810 790 2810 395 For each additional invention to be				
1204 88 2204 44 ** Reissue independent claims	examined (37 CFR 1.129(b))				
over original patent	1801 790 2801 395 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
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SUBTOTAL (2) **or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	685.00			
or number previously paid, if greater, i or reasons, see above	(Complete (if applicable))				

SUBMITTED BY Registration No. Telephone (404) 879-2152 48,731 Name (Print/Type) Rivka D. Monheit (Attorney/Agent) November *18*, 2004 Date Monheit Signature

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